

Type a plus sign (+) inside this box [+]

Approved for use through 9/30/00  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/01 (8/96)  <b>DECLARATION</b>  Declaration OR Declaration <input checked="" type="checkbox"/> Submitted with Initial Filing <input type="checkbox"/> Submitted after Initial Filing (surcharge 37 CFR 1.16(3)) required)	Attorney Docket Number	1430-00015
	First Named Inventor	Richard J. Washebeck
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NARROW WEB CORONA TREATER**

(Title of the Invention)

the specification of which  
 is attached hereto

OR

was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT

International Number [ ] and was amended on (MM/DD/YYYY) [ ]  
(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional

Type a plus sign (+) inside this box [+]

### DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Eugene R. Sawall	17,431	Joseph D. Kuborn	40,689
Daniel D. Fetterley	20,323	William L. Falk	27,709
George H. Solveson	25,927		
Gary A. Essmann	29,376		
Thomas M. Wozny	28,922		
Michael E. Taken	28,120		
Joseph J. Jochman, Jr.	25,058		

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: Name William L. Falk, Reg. No. 27,709

Address	Andrus, Scales, Starke & Sawall, LLP				
Address	100 East Wisconsin Avenue, Suite 1100				
City	Milwaukee	State	Wisconsin	Zip	53202-4178
Country	United States	Telephone	(414) 271-7590	Fax	(414) 271-5770

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
RICHARD J.	WASHEBECK

Inventor's Signature	Date
----------------------	------

RESIDENCE: City	North Prairie	State	WI	Country	USA	Citizenship	USA
-----------------	---------------	-------	----	---------	-----	-------------	-----

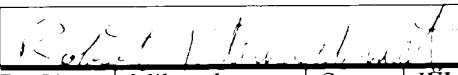
POST OFFICE ADDRESS	511 Chad Court		
---------------------	----------------	--	--

City	North Prairie	State	WI	Zip	53153	Country	USA
------	---------------	-------	----	-----	-------	---------	-----

Additional inventors are being named on supplemental sheet(s) attached hereto.

Please type a plus sign (+) inside this box [+]

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ROBERT A.				KLEINSCHMIDT			
Inventor's Signature				Date		07-17-01	
RESIDENCE: City		Milwaukee		State		WI	
				Country		USA	
POST OFFICE ADDRESS		4123 North 71st Street					
City		Milwaukee		State		WI	
				Zip		53216	
				Country		USA	